Village of Newtown Building and Zoning Permit Application

3537 Church Street Newtown, Ohio 45244

Phone: (513) 561-7097 Fax: (513) 561-7555

Permit Number

www.newtownohio.gov

Comp	<u>lete in Ink Pleas</u>	se Print							
1. Stre	et Address <u>:</u>								
2. Zoni	ing:	Occ	Occupancy:		Book, Page & Parcel:				
3. 🗆 I	Residential (RCO)		☐ Commercial (OBC)						
	NAME	ST	TREET ADDRESS	CITY	STATE	ZIP	PHONE/FAX		
Owne	er								
Contr	cactor								
Plans	Bv								
Email A	Adress to contact pe	erson paying	for permit:						
	e of Improvement Additions Alterations Change of Use New Building Repairs, Replacement Change of Occupancy Fire Alarm Fire SuppressionSprinklerHoodStand Pipes		□ Garage □ Hood System □ HVAC □ Furnace			 □ Deck □ Pool (Above Ground) □ Pool (In Ground) □ Fence □ Shed □ Sign □ Wrecking □ Excavation/ Fill □ Other (Specify) 			
	\Box Dimension: $\overline{\mathbf{W}}$	/idth:	Length:	Height:_		Depth:			
			, Ground Sign:,						
	l Floor Area For Ne Of This Building An	w Buildings/	Garages/ Sheds/ A	Additions/ Deck	ks:				
Applic Unders To con	f Labor And Material For vner or agent of this buildi ation, drawings and specif signed do hereby covenant struct the proposed buildi pecifications submitted her	ications are to the and agree with a ng(s) or structure	ne best of their knowledge all the laws of the State of	e true and correct. f Ohio and the ordi	The owner o nances of the	f this building Village of No	g and ewtown		
	ant by <u>:</u>						Date		
	r Agents Name (Print) l Use Only Below Th	his Line	(Sign)						
	Го:		Pro	cessing Fee/ U	pfront Fe	e: \$			

(Over)

Office Use Only					
Required Review/ Upfront Fee	\$				
Permit Fee	\$				
OBC 3% (Commercial)	\$				
RCO 1% (Residential)	\$				
Zoning (Commercial)	\$				
Zoning (Residential)	\$				
Total	\$		_		
Balance Due	\$		_		
PaymentCashCheck	Receipt .				
Special Instruction:					
Soil Inspection Required		Yes	No		
Fire Stopping Inspection Required	_	Yes	No		
Flood Zone Elevation Certificate Requir	ed _	Yes	No		
Floodway Fringe		Yes	No		
Base Flood Elevation					
Map Panel and Date	_				
Statement of Special Inspection Required	d _	Yes	No		
Other:					
Plan Examiner Approval:			Date Approved:		
Building/ Zoning Official Approval:		Date Approved:			